

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Future45	FEC IDENTIFICATION NUMBER ▼ C C00574533
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DDC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 805 15th Street, NW Suite 300			Amount 77984.40		
City Washington	State DC	Zip Code 20005	Transaction ID : 001		
Purpose of Expenditure Phone calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 8902478.68			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DDC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 805 15th Street, NW Suite 300			Amount 175000.00		
City Washington	State DC	Zip Code 20005	Transaction ID : 002		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 9077478.68			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	252984.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wojciechowski, Maria, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 02 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McCarthy Hennings Whalen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1850 M Street NW Suite 235		Amount 25456.12	
City Washington	State DC	Zip Code 20036	Transaction ID : 003
Purpose of Expenditure Media production	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 9102934.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25456.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	278440.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wojciechowski, Maria, , ,

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Date

MM / DD / YYYY
11 / 02 / 2016

Signature